PRINTED: 11/21/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391« (X1) PF:OVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G141 11/18/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1433 NORTHGATE ROAD, NW **METRO HOMES** WASHINGTON, DC 20012 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETION DATÉ (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 000 **INITIAL COMMENTS** W 000 W 192 11/24/08 On 11/12/08 at 8:35 AM the Residential Director All staff was re trained (RD) for Metro Homes called to report that Client in the application and #1 had been admitted into the hospital on the protocol for Ted November 11, 2008 due to sustaining a leg injury. According to the RD, an x-ray of the injury Hose stockings. revealed that the client had a broken femur. In the future the OMRP Reportedly, staff was trying to put on the clients and nurses will ensure TED Stockings and heard her leg snap. The staff that staff is supervised reported that she leaned on the client, due to the difficulty with applying the stocking, wich most to monitor if the likely caused the injury. The RD indicated that the protocol and safety employee was placed on administrative leave guidelines are being pending the outcome of the investigation. followed. An on-site investigation was initiated on November 18, 2008. The findings of the See attached Ted Hose investigation were based on interviews with Stocking Protocol and administrative and direct care staff and review of Training Record. medical, clinical, and administrative records including incident reports W 192 483.430(e)(2) STAFF TRAINING PROGRAM W 192 Received 1/21/018 For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH This STANDARD is not met as evidenced by: HEALTH REGULATION ADMINISTRATION Based on interview and record review, the facility 825 NORTH CAPITOL ST., N.E., 2ND FLOOR failed to ensure effective training with regard to WASHINGTON, D.C. 20002 the application of TED stockings for Client #1. The finding includes: On 11/12/08 at 8:35 AM the Residential Director

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(RD) for Metro Homes called to report that Client #1 had been admitted into the hospital on

November 11, 2008 due to sustaining a leg injury.

VI Operations

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF P	PROVIDER OR SUPPLIER			143	ET ADDRESS, CITY, STATE, ZIP IS NORTHGATE ROAD, NW ASHINGTON, DC 20012	· · · · · · · · · · · · · · · · · · ·	10/2000	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACT CROSS-REFERENCED TO		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	CTION SHOULD BE COMPLETION DATE		
W 192	According to the RI revealed that the circular Reportedly, staff wa TED Stockings and reported that she led difficulty with applyifikely caused the injemployee was place pending the outcome. Review of the facility November 18, 2008 (completed by the sclient) verified the Facility's training doc staff had been inseregarding "dressing TED stockings protevidence that the training doctor in the staff had been inseregarding to the stockings protevidence that the training doctor is the staff had been inseregarding to the staff had been inseregarding to the staff had been inseregarding the staf	D, an x-ray of the injury ient had a broken femur. as trying to put on the clients heard her leg snap. The staff raned on the client, due to ng the stocking, which most iury. The RD indicated that the ed on administrative leave he of the investigation. By's unusual incident report on a dated November 11, 2008 staff person assisting the RD's statement. Although the cumentation reflected that the reviced on October 25, 2008, of the individuals including occi," the facility failed to show aming was effective. It should aff in question was present for	W 1	92				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 10104	NUMBER: A. BU		(2) MULTIPLE CONSTRUCTION . BUILDING . WING		(X3) DATE SURVEY COMPLETED C 11/18/2008	
NAME OF PROVIDER OR SUPPLIER		STREET ADDR	DRESS, CITY, STATE, ZIP CODE				
METRO HOMES		1433 NORTH WASHINGTO	HGATE RO DN, DC 200	AD, NW 012			
PREFIX (EACH DEFICIENC)	SUMMARY STATEMEN OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETE DATE		
(RD) for Metro Hom #1 had been admitt November 11, 2008 According to the RE revealed that the cli Reportedly, staff wa TED Stockings and reported that she le difficulty with applyin likely caused the inj employee was place pending the outcom An on-site investiga November 18, 2008 investigation were b administrative and of	of AM the Residential interpretation in the American American and the Common and	Director at Client n eg injury. y our. client's The staff ne to n most d that the eave	000	I 000 All staff was re train the application at the protocol for Te Hose stockings. In the future the Ql and nurses will ensithat staff is supervito monitor if the protocol and safety guidelines are being followed. See attached Ted H Stocking Protocol at Training Record.	COMPLETE		

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